

Attorney's Docket No. 3218R

**COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, SUPPLEMENTAL, DIVISIONAL, CONTINUATION, OR CIP)**

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: *(check one applicable item below)*

original design supplemental
 divisional continuation continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION**TRANSMISSION LUBRICATING COMPOSITIONS WITH IMPROVED
PERFORMANCE, CONTAINING ACID/POLYAMINE CONDENSATION PRODUCT****SPECIFICATION IDENTIFICATION**

the specification of which: *(complete (a), (b) or (c))*

(a) is attached hereto and/or is identified herein by name of inventor(s), attorney docket number and title.
(b) was filed on _____ as Serial No. 0/_____ or
 Express Mail No. _____, and was amended on _____ *(if applicable)*.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number.)*

David M. Shold, 31,664
Samuel B. Laferty, 31,537
Teresan W. Gilbert, 31,360

Michael F. Esposito, 29,506
Joseph P. Fischer, 31,758
Jeffrey F. Munson, 45,705

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SEND CORRESPONDENCE TO
THE LUBRIZOL CORPORATION
Patent Dept. - Patent Administrator-022B
29400 Lakeland Boulevard
Wickliffe, OH 44092-2298

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)
David M. Shold
(440) 347-1601

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor

James L. Sumiejski
(GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME)

Inventor's signature James L. Sumiejski

Date 7/16/03 Country of Citizenship U.S.A.

Residence Mentor, Ohio
(city and state or foreign country)

Post Office Address 8012 Hackberry Drive
Mentor, OH 44060

Full name of second joint inventor, if any

John C. Smoggie
(GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME)

Inventor's signature John C. Smoggie

Date 7/16/03 Country of Citizenship U.S.A.

Residence Lyndhurst, Ohio

Post Office Address 1399 Haverston Road

Lyndhurst, OH 44124

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Full name of third joint inventor, if any

Craig _____ D. _____ Tipton _____
(GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME)

Inventor's signature Edgar T. Tipton

Date 7-16-03 Country of Citizenship U.S.A.

Residence Perry, Ohio

Post Office Address 3595 Call Road
Perry, OH 44081

Full name of fourth joint inventor, if any

(GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address: _____

CHECK PROPER BOXES FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

[] Signature for fifth and subsequent joint inventors. *Number of pages added*

Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application or for claiming priority from a provisional application.

Number of pages added _____

★★★★★

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item

[x] This declaration ends with this page